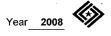
OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related I

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	0	4
(G)	(H)	(1)	(1)
Number of Days			
Total number of days away from	•	Total number of days of job transfer or restriction	
20 (K)		0	
Injury and Illness	Гуреѕ		
Total number of (M)			
(1) Injury	6	(4) Poisoning	0 .
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	n

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid CMB control number. If you have any comments about these estimates or any aspects of this data collection, contact. US Department of Labor. OSHA Office of Statistics. Room N-3644. 200 Constitution Ave. NW. Washinaton. DC 20210. Do not send the completed forms to this office.

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Occupational	Safety an	d Health	Admini	stratio

Establishment information			• • •	
Your establishment name Air Resources	Board			
Street 1001 Street				
City Sacramento	State	California	Zip	95814
Industry description (e.g., Manufacture of mo Government	tor truck trailers)			
Standard Industrial Classification (SIC), if kn	own (e.g., SIC 3715)			
OR North American Industrial Classification (NAI	CS), if known (e.g., 336212)			
Employment information				
		* 2		
Annual average number of employees	1245.6			
Total hours worked by all employees last year	2,348,263			
Sign here		,		
Knowingly falsifying this document may a	esult in a fine.	~		
		•		
I certify that I have examined this document a	and that to the best of my kno	owledge the entries are tru	e, accurate, and complete.	-
Sheryl Brooks Company executive	<u> </u>		. Chief, Human Resource Title	es Branch
(916) 322-8192 —Phone			January 29, 20 Date	09